(Requestor's Name)		
(Address)		
(Address)		
·		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
· · · · · · · · · · · · · · · · · · ·		
Special Instructions to Filing Officer:		

Office Use Only



100130913341

06/06/08--01016--020 \*\*25.00

G. MCLEOD

JUN - 9 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Mahalo of Stuart, LLC (Name of	of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Monica Swords (Name of Person)	
Fox, Wackeen, Dungey, Beard, Sobel, Bush & M (Firm/Company)	1cCluskey, LLP
3473 SE Willoughby Boulevard (Address)	
Stuart, Florida 34994	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Monica Swords	at ( 772 ) 287-4444  (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ng amount:
	□ \$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Mahalo o	f Stuart, LLC	<del></del> .	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany: 1584 SW Seagull Way Palm City, Florida 34990		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	1584 SW Seagull Way Palm City, Florida 34990	OR JU	
(		2 Zm	
	,	JF CC	
March 19, 2008	L08000028682	<b>₹</b> ₹	
3. Date of filing/registration in Florida	4. Document number	<del></del> 820	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. o	of State: S	
Registered Agent:	Raymond G. Robison		
Registered Office Address:	3473 SE Willoughby Boulevard Stuart, Florida 34994		
		<del></del>	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>N</b>	NEW Registered Office address:		
<u><b>NEW</b></u> Registered Agent:	W. Thomas Wackeen		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3473 SE Willoughby Boulevard	3473 SE Willoughby Boulevard	
	Stuart ,F	L 34994	
If the limited liability company is not organized under that after the change or changes are made, the Florida st office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the article limited liability company.  (Signature of a member of authorized representative of a member)	reet address of the registered office.	and the business	
W. Thomas Wackeen (Printed or typed name of signee)	_		
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the am familiar with and accept the obligations of my positi F.S. Or if this document is being filed to merely reflect confirm that the limited hability company has been noting.	d agree to act in this capacity. I fur proper and complete performance of ion as registered agent as provided i a change in the registered office ad fied in writing of this change.	ther agree to of my duties, and I for in Chapter 608, ldress, I hereby	
(Signature of Registered Agent)			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00